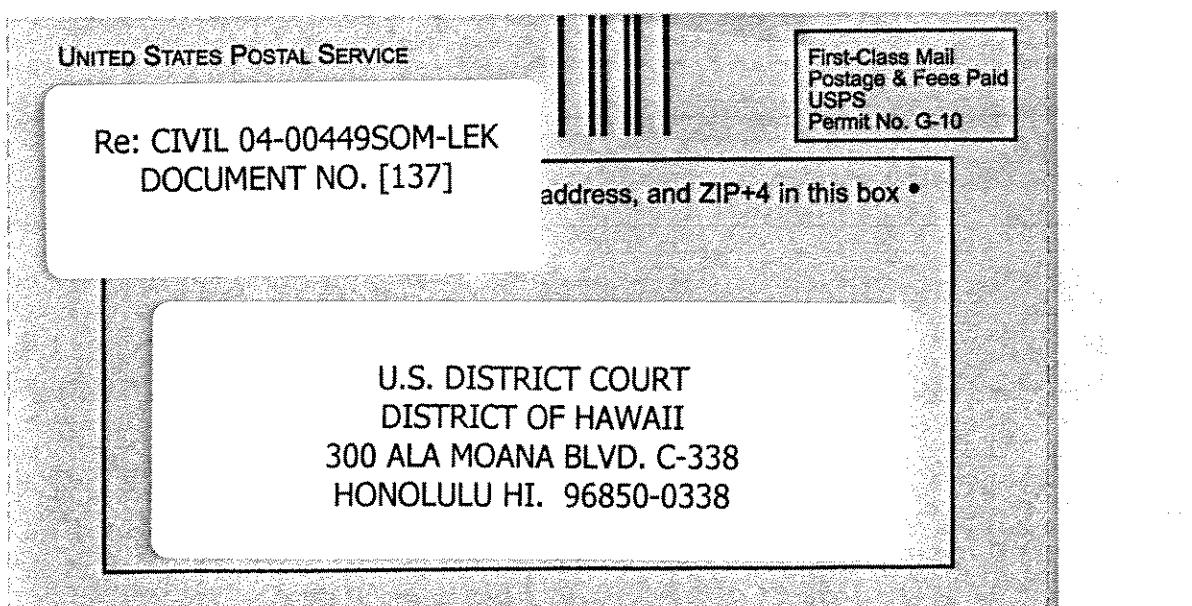
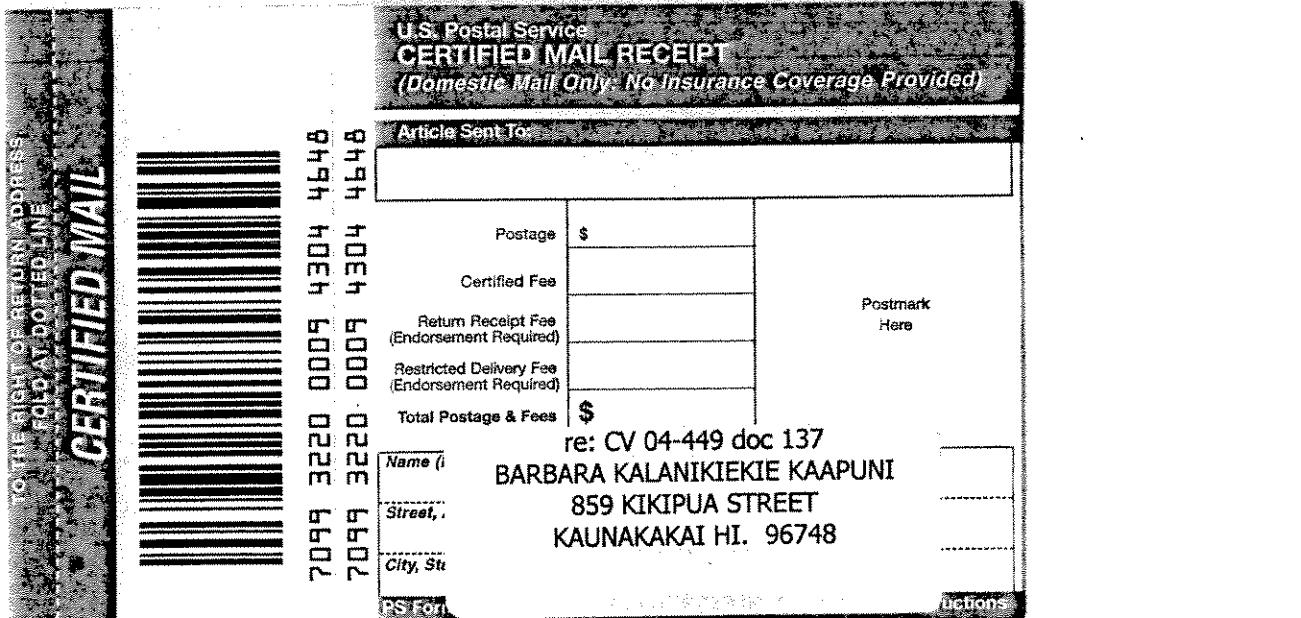


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>BARBARA KALANIKIEKIE KAAPUNI 859 KIKIPUA STREET KAUNAKAKAI, HI 96748</p>			
<p>2. Article Number (Transfer from service label) 7099 3220 0009 4304 4648</p>			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	



UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII

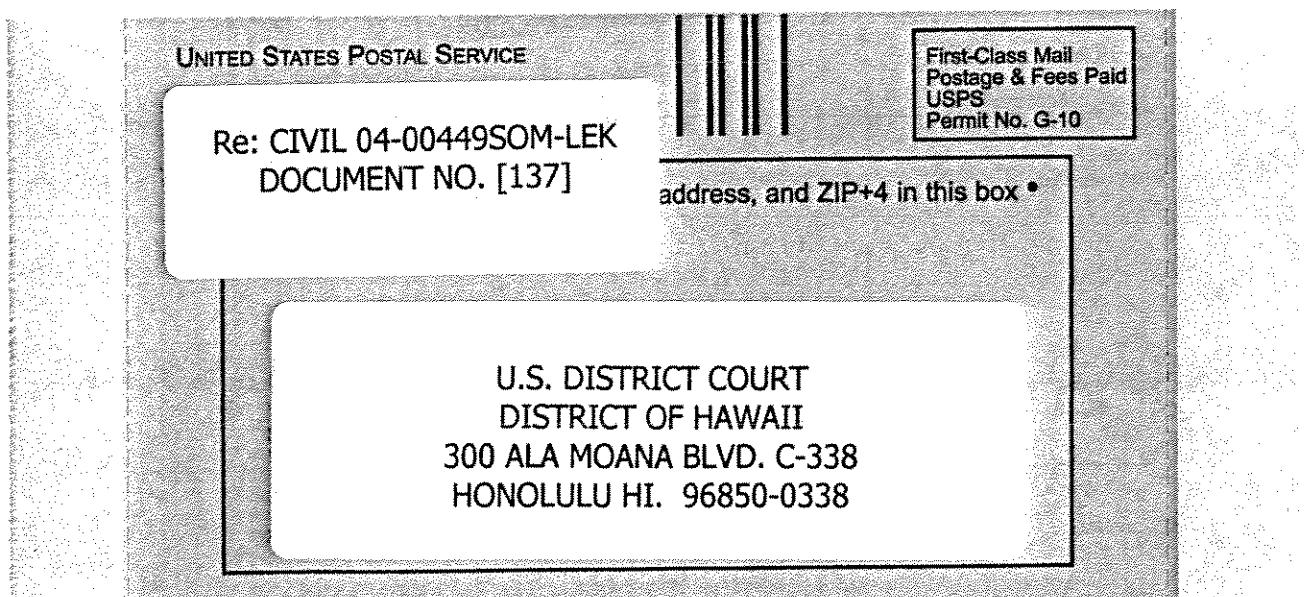
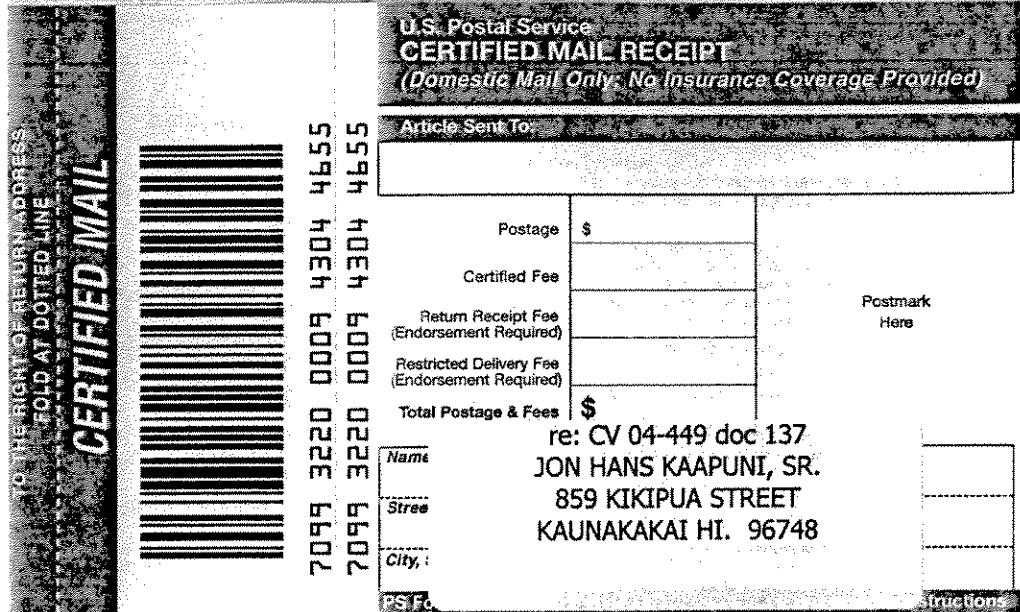
300 ALA MOANA BLVD., C-338
HONOLULU, HAWAII 96850-0338

CLERK

OFFICIAL BUSINESS

BARBARA KALANIKIEKIE KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to:			
<p>JON HANS KAAPUNI, SR 859 KIKIPUA STREET KAUNAKAKAI, HI 96748</p>			
2. Article Number (Transfer from service label)		7099 3220 0009 4304 4655	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	



UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII

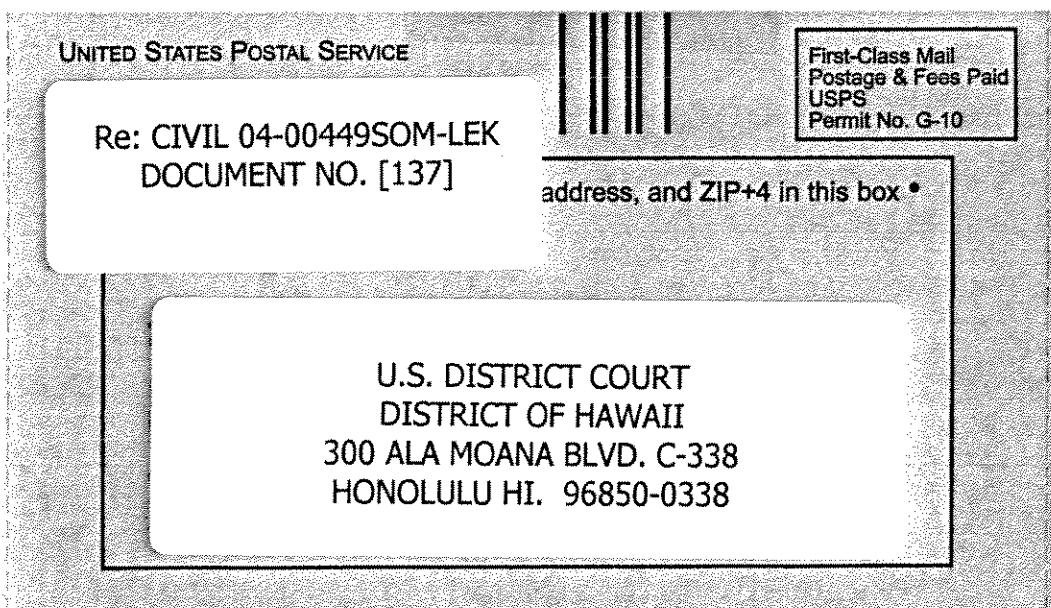
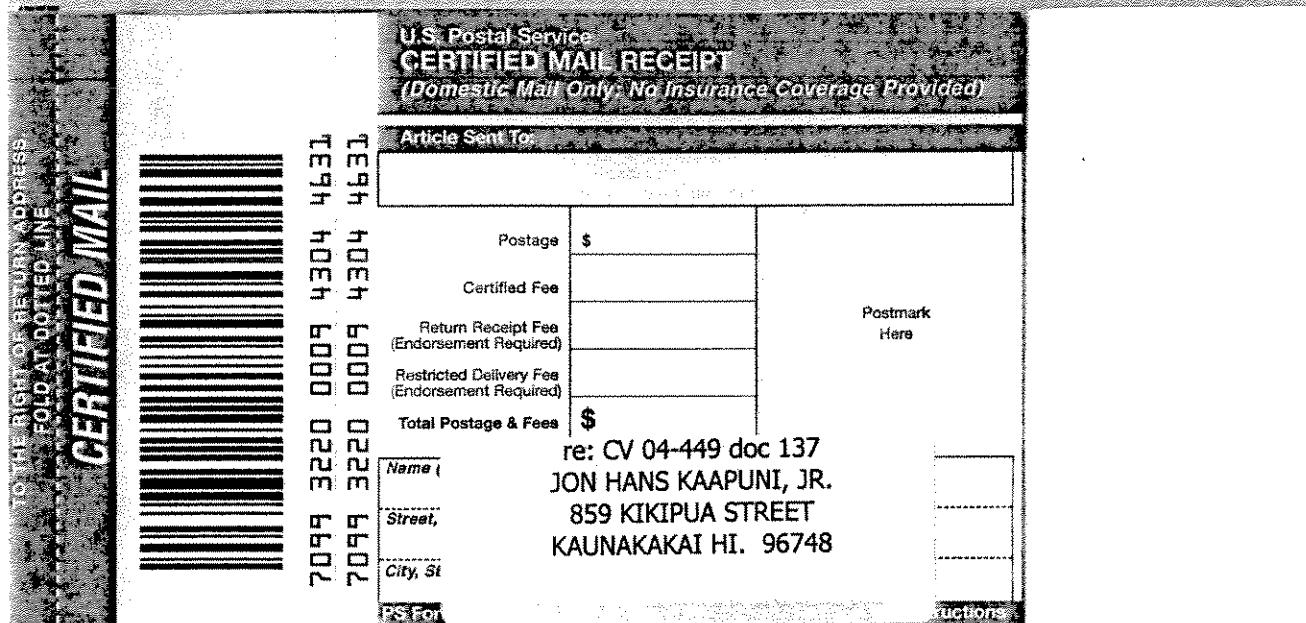
300 ALA MOANA BLVD., C-338
HONOLULU, HAWAII 96850-0338

CLERK

OFFICIAL BUSINESS

JON HANS KAAPUNI, SR
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY			
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">B. Received by (Printed Name)</td> <td style="width: 50%;">C. Date of Delivery</td> </tr> </table> <hr/> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>E. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <hr/> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		B. Received by (Printed Name)	C. Date of Delivery
B. Received by (Printed Name)	C. Date of Delivery				
1. Article Addressed to:		<div style="background-color: #f0f0f0; padding: 10px; min-height: 100px; position: relative;"> <div style="position: absolute; bottom: 0; right: 0; font-size: 2em; color: black;">X</div> <p>JON HANS KAAPUNI, JR 859 KIKIPUA STREET KAUNAKAKAI, HI 96748</p> </div>			
2. Article Number (Transfer from service label)		7099 3220 0009 4304 4631			



UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII

300 ALA MOANA BLVD., C-338

HONOLULU, HAWAII 96850-0338

CLERK

OFFICIAL BUSINESS

JON HANS KAAPUNI, JR
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PAMELA NOHOLANI KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:

 No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes2. Article Number 7099 3220 0009 4304 4686
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided.)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Name (i Street, , City, Sta	re: CV 04-449 doc 137 PAMELA NOHOLANI KAAPUNI 859 KIKIPUA STREET KAUNAKAKAI HI. 96748	

PS Form 3811

UNITED STATES POSTAL SERVICE

Re: CIVIL 04-00449SOM-LEK
DOCUMENT NO. [137]

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

address, and ZIP+4 in this box •

U.S. DISTRICT COURT
DISTRICT OF HAWAII
300 ALA MOANA BLVD. C-338
HONOLULU HI. 96850-0338

UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII

300 ALA MOANA BLVD., C-338
HONOLULU, HAWAII 96850-0338

CLERK

OFFICIAL BUSINESS

PAMELA NOHOLANI KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FALLON KALANIKIEKIE KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
 Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes2. Article Number 7099 3220 0009 4304 4662
(Transfer from service label)

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)**

Article Sent To:

4662 2
4662 4
4662 4
4304 4
4304 4
4009 4
4009 4
0009 4
0009 4
3220 0009
3220 0009
7099 3220
7099 3220

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Postmark
Here

re: CV 04-449 doc 137

FALLON KALANIKIEKIE KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI HI. 96748

Name (i)
Street, #
City, Stz
PS Form

Actions

UNITED STATES POSTAL SERVICE

Re: CIVIL 04-00449SOM-LEK
DOCUMENT NO. [137]

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

address, and ZIP+4 in this box •

U.S. DISTRICT COURT
DISTRICT OF HAWAII
300 ALA MOANA BLVD. C-338
HONOLULU HI. 96850-0338

UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII

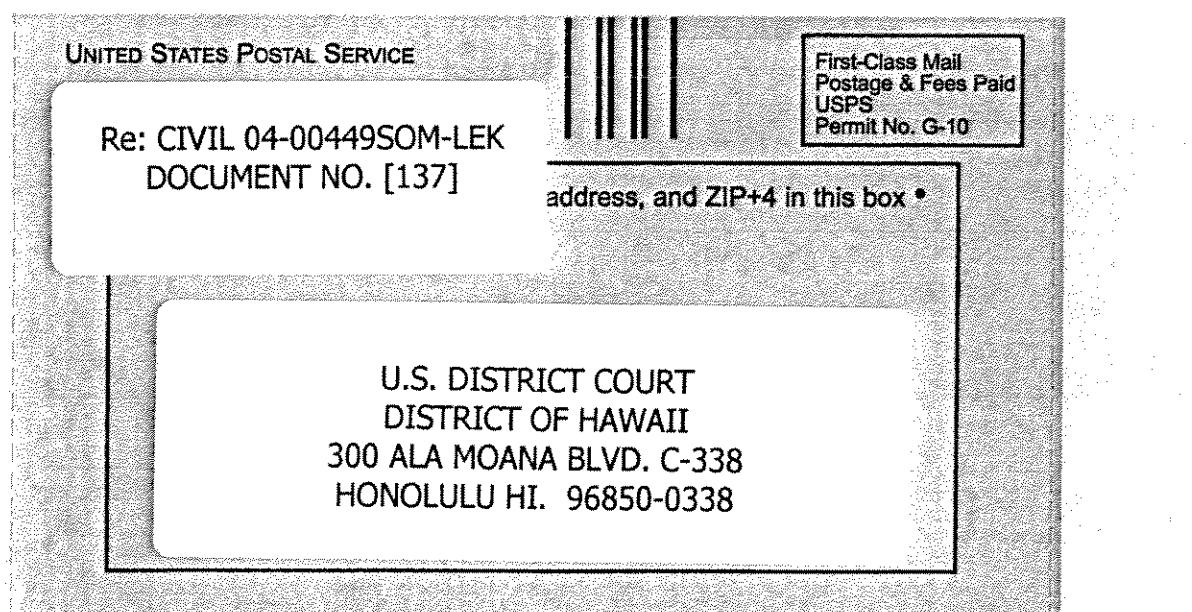
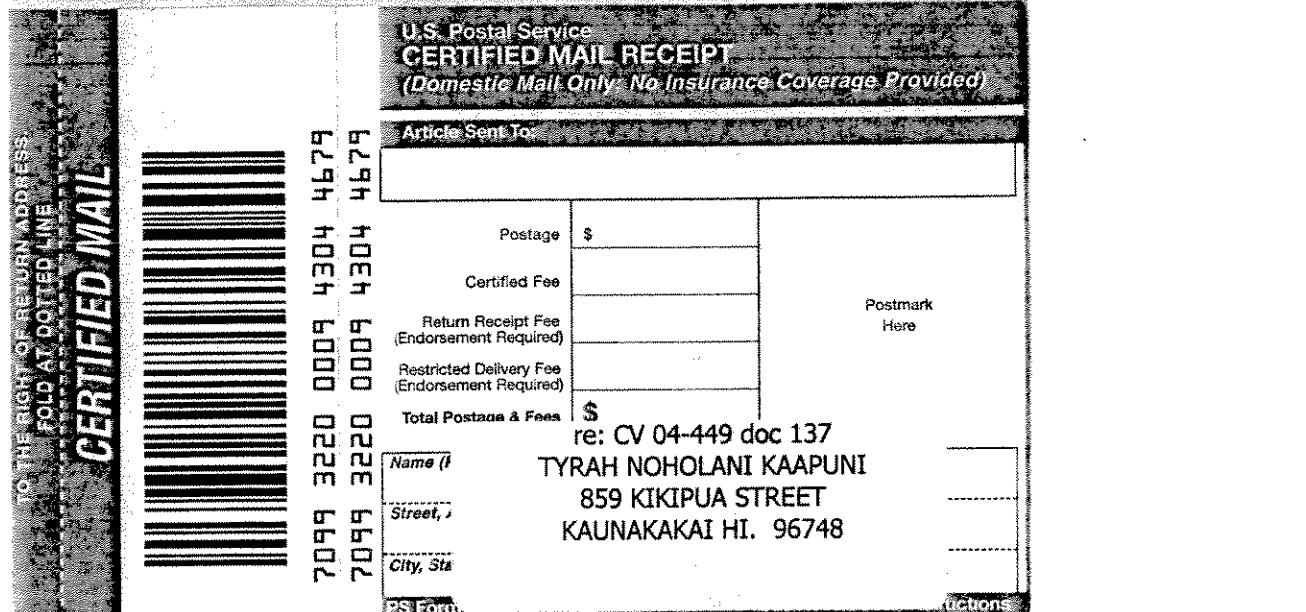
300 ALA MOANA BLVD., C-338
HONOLULU, HAWAII 96850-0338

CLERK

OFFICIAL BUSINESS

FALLON KALANIKIEKIE KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>TYRAH NOHOLANI KAAPUNI 859 KIKIPUA STREET KAUNAKAKAI, HI 96748</p>			
<p>2. Article Number (Transfer from service label) 7099 3220 0009 4304 4679</p>			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	



UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII

300 ALA MOANA BLVD., C-338
HONOLULU, HAWAII 96850-0338

CLERK

OFFICIAL BUSINESS

TYRAH NOHOLANI KAAPUNI
859 KIKIPUA STREET
KAUNAKAKAI, HI 96748